Application Number Filing Date **CLAIMS ONLY** Applicant(s) AFTER SECOND AMENDMENT \* May be used for additional claims or amendments STIPLOS AFTER FIRST AMENDMENT AS FILED CLAIMS Indep Depend Indep Depend Indep Indep Depend Depend Indep Depend Indep Depend 54-.B. 60<sup>\*\*\*</sup> -17-..68 18--28. .35 87 . :: 37:: 90 -.42 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims